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NOTICES AND REPORTS

Program of the American Medical Association for the Advancement of Medicine and Public Health

A Federal Department of Health.—Creation of a Federal Department of Health of Cabinet status with a Secretary who is a Doctor of Medicine, and the coordination and integration of all Federal health activities under this Department, except for the military activities of the medical services of the armed forces.

Medical Research.—Promotion of medical research through a National Science Foundation with grants to private institutions which have facilities and personnel sufficient to carry on qualified research.

Voluntary Insurance.—Further development and wider coverage by voluntary hospital and medical care plans to meet the costs of illness, with extension as rapidly as possible into rural areas. Aid through the states to the indigent and medically indigent by the utilization of voluntary hospital and medical care plans with local administration and local determination of needs.

Medical Care Authority with Consumer Representation.—Establishment in each state of a medical care authority to receive and administer funds with proper representation of medical and consumer interest.

New Facilities.—Encouragement of prompt development of diagnostic facilities, health centers and hospital services, locally originated, for rural and other areas in which the need can be shown and with local administration and control as provided by the National Hospital Survey and Construction Act or by suitable private agencies.

Public Health.—Establishment of local public health units and services and incorporation in health centers and local public health units of such services as communicable disease control, vital statistics, environmental sanitation, control of venereal diseases, maternal and child hygiene and public health laboratory services. Remuneration of health officials commensurate with their responsibility.

Mental Hygiene.—The development of a program of mental hygiene with aid to mental hygiene clinics in suitable areas.

Health Education.—Health education programs administered through suitable state and local health and medical agencies to inform the people of the available facilities and of their own responsibilities in health care.

Chronic Diseases and the Aged.—Provision of facilities for care and rehabilitation of the aged and those with chronic disease and various other groups not covered by existing proposals.

Veterans' Medical Care.—Integration of veterans' medical care and hospital facilities with other medical care and hospital programs and with the maintenance of high standards of medical care, including care of the veteran in his own community by a physician of his own choice.

Industrial Medicine.—Greater emphasis on the program of industrial medicine, with increased safeguards against industrial hazards and prevention of accidents occurring on the highway, home and on the farm.

Medical Education and Personnel.—Adequate support, with funds free from political control, domination and regulation, of the medical, dental and nursing schools and other institutions necessary for the training of specialized personnel required in the provision and distribution of medical care.

C.P.S. Anniversary

The growth and wide public acceptance of California Physicians' Service is today attracting nationwide attention as the organization observes its tenth anniversary.

Actually, the story of C.P.S. begins in Minneapolis, as far back as 1913, when Dr. Ray Lyman Wilbur, then 38 years of age, stood before the American Academy of Medicine. As president of

that organization, he spoke on the subject, "The Physician of the Future." In connection with a discussion of the radical social and mechanical changes which had appeared in American life and the great progress which had been made in medical science and knowledge, the speaker stressed the need of the medical profession to maintain its leadership in social thinking so as to avoid political involvement and control. The speech ended with these words: "The physician of the future has before him the great joy of meeting unsolved problems. He must be brave and learned and full of hope. He must retain the priceless heritage of personality that has come down to him, that spirit of independence that is his by every right, but he must likewise bend to the public need regardless of self. He must join with all of the social forces that can be assisted by his knowledge. The way is stony, but the future is bright; and we can have full faith that the physician of the future will not only see his duty but will meet it with that hope and courage that knows no obstacles and that recognizes no defeat."

The speech created wide discussion and thought, and in 1927 Dr. Wilbur was appointed chairman of the National Committee on Costs of Medical Care. Charged with the responsibility of conducting an extensive five-year survey, this group published its report, with recommendations for action, in 1932.

The report aroused a storm of praise and an equally enthusiastic storm of criticism. Throughout the country action and study ensued. One result was that in 1938 the California Medical Association became the first group to actively sponsor and authorize the formation of a voluntary prepayment plan. To implement the plan, California Physicians' Service was organized, with Dr. Wilbur as its president.

Among the first board members were the following medical leaders: Drs. T. Henshaw Kelly, Samuel Ayres, Jr., Dewey Powell, C. Kelly Canelo, Lowell S. Goin, W. Earl Mitchell, Glenn Myers, Alson Kilgore, Morton Gibbons, and E. Vincent Askey. Any list can only be partial, for the time and energies of hundreds of other doctors in California went into the solid foundation which was a prerequisite to today's growth and wide public acceptance. Lay representation consisted of Rt. Rev. Msgr. Thomas O'Dwyer, of Los Angeles, who still loyally supports C.P.S. as a member of the board.

When C.P.S. opened its doors in February, 1939 the road ahead was tenuous and difficult. Nor did the original board of trustees or the initial professional membership of 5,000 California doctors expect an easy time. The idea of a medically sponsored prepayment plan to distribute the costs of medical care was widely disputed. There was no previous experience to serve as precedent. The public itself was wary. Many doctors questioned the procedure and operating philosophy of the organization. And admittedly, many of those problems and questions which arose were not easy to resolve.

But today, more than 710,000 Californians—



In recognition of his vision, energy and leadership in California Physicians' Service, Dr. Ray Lyman Wilbur was recently presented with a scroll of appreciation in his Stanford University office. The scroll was signed by present members of the C.P.S. board of trustees, and was given to Dr. Wilbur by Dr. Chester L. Cooley, C.P.S. board secretary.

beneficiary C.P.S. members—gratefully attest that through the difficult early years of trial and error, the medical profession provided a central theme of unity of purpose unmatched in medical economics. The record today shows that the formative years of doubt are over. The problems have been met and constructively translated into a successful and well-proved venture. The pride, satisfaction and appreciation of an ever-increasing beneficiary membership provides a resounding voice in favor of voluntary medical care. It attests the ability and willingness of the medical profession to foresee and take the leadership in meeting a widely recognized social need. Of even greater importance to the medical profession, California is being provided with indisputable evidence that voluntary, free enterprise plans can do a more professional and scientific job than could any compulsory or state-controlled plan.

Statistics can be cumbersome, but a review of the ten-year record of beneficiary and professional membership reveals some gratifying facts: In January 1940, after one year of operation, C.P.S. had 20,000 beneficiary members and 5,000 professional members. (In ten years, beneficiary membership has multiplied by more than 35 times, and 97 per cent of the practicing physicians of California participate.) After five years of operation, C.P.S. opened the year 1944 with 90,000 beneficiary members and 5,200 professional members. (In the last five years—the years of greatest growth—C.P.S. has increased its coverage in beneficiary members by almost eight times.)

Growth such as this in ten short years is unparalleled in history. It dispels any notion, as forwarded by proponents of state plans, that voluntary systems "can't do the job fast enough." And the constant interest and supervision of the board of trustees—members of the profession—prove that the medical profession has not been, and is not today, incapable of adapting high professional standards to the needs of the public.

Today, more than 10,000 employee groups are member of C.P.S. Under the veterans' program, the doctors of California last year gave treatment for service-connected disabilities to an average of 12,000 to 15,000 veterans each month. New beneficiary memberships are being received at a rate of 23,000 new enrollments each month, and over 30,000 claims are paid for members.

The leadership of California's medical profession is recognized throughout the nation. Today there are 65 Blue Shield plans in 43 states and the District of Columbia, with the remaining five states soon to open similar programs. Many of these are adapted after C.P.S., and recognize C.P.S. as a leader and pioneer in the field. Along with Blue Cross and private insurance plans, it is estimated that 52 million Americans, more than one-third of the total population, are now protected under some form of hospital expense insurance, and that voluntary surgical expense plans cover 26 million, with 9 million persons covered by voluntary medical expense plans.

C.P.S. still is governed by an outstanding group of medical leaders. Dr. Goin is president; Dr. A. E. Moore and Dr. H. Randall Madeley are vice-presidents; Dr. Chester L. Cooley is secretary; Dr. Henry L. Gardner, treasurer. Other professional members of the board are Drs. Donald Cass, Kendrick Smith, J. Frank Doughty, Robertson Ward, John H. Rumsey and A. M. Meads. Rt. Rev. Msgr. Thomas O'Dwyer, Mr. Ransom Cook, and Mr. C. Ray Miller also serve as trustees. William M. Bowman is executive director.

C.P.S. Increases Payment to Physicians

Payments to physicians for services rendered to California Physicians' Service beneficiary members on or after January 1, 1949, will be based upon a unit value of \$2.15.

This increase will bring an additional income to C.P.S. member physicians of approximately \$700,000 yearly, if present utilization rates continue, it was estimated by C.P.S.

The increase in the unit value was made possible by the improvement in the C.P.S. cash position during the past 12-month period, the C.P.S. announcement said, and if no unfavorable change in utilization of service takes place, further increases in the unit value are planned for the future.

The action of the board of trustees in ordering the increase is in line with the stated policy of California Physicians' Service to bring the unit to par value as rapidly as circumstances permit.

Refresher Course on Cancer

The Cancer Commission of the California Medical Association announces a postgraduate (refresher) course on neoplastic diseases for practicing physicians to be given March 22 and 23 in cooperation with Stanford University School of Medicine, University of California Medical School and American Cancer Society, California Division.

Expenses incident to this course are being defrayed by the American Cancer Society, California Division.

Enrollment will be limited to 175. Applications for registration should be mailed to Dr. David A. Wood, Secretary, Cancer Commission, c/o California Division-American Cancer Society, 467 O'Farrell Street, San Francisco 2, California, not later than March 15, 1949.

The program for the two days follows:

TUESDAY, MARCH 22, 1949

Lane Hall, Stanford University Medical School,
Sacramento and Webster Streets

9:00 a.m.—Introductory Remarks—Lyell C. Kinney, M.D., chairman, Cancer Commission.

Malignancies of the Head and Neck—A Symposium
H. Glenn Bell, M.D., moderator.

9:15–9:35—The Eye and Ocular Appendages—Alfred E. Maumenee, M.D.

9:35–9:45—Discussion.

9:45–10:05—The Lip—H. J. McCorkle, M.D.

10:05–10:15—Discussion.

10:15–10:35—The Tongue and Buccal Membranes—B. V. A. Low-Beer, M.D.

10:35–10:45—Discussion.

10:45–11:05—The Larynx and Pharynx—Robert C. McNaught, M.D.

11:05–11:15—Discussion.

11:15–11:35—The Ear—Nelson J. Howard, M.D.

11:35–11:45—Discussion.

11:45–12:05—Nodules in the Neck—H. Glenn Bell, M.D.

12:05–12:15—Discussion.

12:30 p.m.—Luncheon.

1:30–1:50—Diagnosis of Cutaneous Malignancy—Norman Epstein, M.D.

1:50–2:00—Discussion.

2:00–2:20—Melanotic Tumors, Benign and Malignant—Nelson J. Howard, M.D.

2:20–2:30—Discussion.

2:30–2:40—Recess.

Symposium—Cancer of the Breast

Alson R. Kilgore, M.D., moderator.

2:40–2:55—Examination to Distinguish Between True and False Lumps—L. R. Chandler, M.D.

2:55–3:10—Discharge from the Nipple—Leon Goldman, M.D.

3:10–3:30—Present Opinion About Irradiation as a Supplement to Surgery (in Operable Cancer)—Leonard Dobson, M.D., and Robert S. Stone, M.D.

3:30–3:55—Hormone and Chemical Therapy—Michael B. Shimkin, M.D.

3:55–4:45—Discussion.

EVENING SESSION

8:30 p.m.—Psychologic Implications of Cancer—Emile Holman, M.D.

Discussion opened by—Dwight L. Wilbur, M.D., Howard R. Bierman, M.D., Alexander Simon, M.D.

WEDNESDAY, MARCH 23, 1949

Toland Hall, University of California Medical School,
Third Avenue and Parnassus

9:00 a.m.—Panel Discussion—Trauma and Cancer.
Clinical Aspects—Emmet L. Rixford, M.D., moderator.
Pathologic Aspects—David A. Wood, M.D.
Legal Aspects—Edmund Leonard, attorney-at-law.
Discussion.

10:30–10:50—Malignancy in the Male Genital Organs—
E. P. Gaynor, M.D.

10:50–11:00—Discussion.

11:00—Cancer of the Colon and Rectum.
Premalignant Tumors—Russell R. Klein, M.D.
Malignant Tumors—Robert A. Scarborough, M.D.
Discussion.

12:30 p.m.—Luncheon.

Symposium on Gynecologic Cancer

Charles E. McLennon, M.D., moderator.

1:30–1:45—General Problems in the Diagnosis of Bleeding Disturbances in the Female Genitals—
Charles E. McLennon, M.D.

1:45–1:55—Discussion.

1:55–2:15—The Present Status of Cytologic Diagnosis in Genital Cancers—Herbert F. Traut, M.D.

2:15–2:25—Discussion.

2:25–2:45—Changing Concepts in the Therapy of Cancer of the Cervix—Ludwig A. Emge, M.D.

2:45–2:55—Discussion.

2:55–3:25—Diagnosis, Treatment and Prognosis in Endometrial Cancer—Earl B. King, M.D.

3:35–3:45—Recess.

3:45–4:15—Ovarian Cystadenocarcinomas—Ralph C. Benson, M.D.

4:15–4:25—Discussion.

4:25–4:45—The Effects of Pregnancy and Ovarian Function on Cancer—Carl Goetsch, M.D.

4:45–4:55—Discussion.

Conference on Organization of Hospital Districts

A preliminary meeting of representatives of 29 of the 34 organized local hospital districts of California was held January 7 and 8 at Palm Springs for the purpose of setting up an organization to act as a clearing house for mutual problems, particularly for information regarding formation, planning, fund-raising and legal matters pertaining to district hospital organizations and legislative matters.

At the meeting, which was held at the invitation of the Desert Hospital District, Palm Springs, a temporary committee was appointed to formulate the organization and to consider affiliation with the Association of California Hospitals.

Dr. Jay J. Crane, California Medical Association councilor from Los Angeles, addressed the group on

the C.M.A. attitude toward local district hospitals. Emphasizing that organized medicine is interested in providing the highest quality of medical and hospital service possible, he said this could be promoted by instituting and maintaining high standards in the individual hospitals. Questioned as to the attitude toward the use of local district hospitals by licensed osteopathic physicians and surgeons, Dr. Crane said that this was a matter for determination by the board of directors of each local district hospital. However, he called attention to the fact that no hospital could be accredited by the Hospital Committee of the American College of Surgeons or the Council on Medical Education and Hospitals of the American Medical Association if osteopathic physicians and surgeons were members of the staff.

In Memoriam

CARMICHAEL, HUGH. Died in Sacramento, January 13, 1949, aged 48, following a cerebral hemorrhage. Graduate of the College of Medical Evangelists, Loma Linda-Los Angeles, 1934. Licensed in California in 1934. Dr. Carmichael was a member of the Sacramento Society for Medical Improvement, the California Medical Association, and a Fellow of the American Medical Association.



COBLENTZ, LAMBERT B. Died in San Francisco, January 28, 1949, aged 68, of coronary thrombosis resulting in heart failure. Graduate of the Cooper Medical College, San Francisco, 1904. Licensed in California in 1904. Dr. Coblentz was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



DONOVAN, MONICA. Died in San Francisco, December 29, 1948, aged 56, of carcinoma. Graduate of Stanford University School of Medicine, Stanford University-San Francisco, 1917. Licensed in California in 1917. Dr. Donovan was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



EASTMAN, FRANK CREIGHTON. Died in Vicksburg, Mississippi, January 14, 1949, aged 39, of a heart attack. Graduate of Stanford University School of Medicine, Stanford University-San Francisco, 1940. Licensed in California in 1940. Dr. Eastman was a member of the San Francisco County Medical Society, the California Medical Association, and the American Medical Association.



JACOBSON, PETER NATHANIEL. Died in Oakland, December 10, 1948, aged 68, of a heart attack. Graduate of Cooper Medical College, San Francisco, 1905. Licensed in California in 1905. Dr. Jacobson was a member of the Alameda County Medical Association, the California Medical Association, and the American Medical Association.



SCHNEDORF, JEROME GERALD. Died in Big Bear, December 25, 1948, aged 35, of carbon monoxide poisoning and asphyxiation. Graduate of Northwestern University Medical